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PTO/SB/83 (04-05)
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/013,119
Filing Date	12/07/2001
First Named Inventor	Ferdouse Khaleque
Art Unit	2124
Examiner Name	Mitchell, Jason D.
Attorney Docket Number	005793.P001

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Non-payment of fees/costs; actions of inventor to personally prosecute the patent application to the exclusion of the attorneys of record.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Semibase, Inc.		
Address	41 Grand View St., #907		
City	Santa Cruz	State	CA
Country	USA		
Telephone		Email	fkhaleque@yahoo.com
Signature			
Name	Bradley J. Berezna	Registration No.	33,474
Date	June 13, 2005	Telephone No.	650-903-2264

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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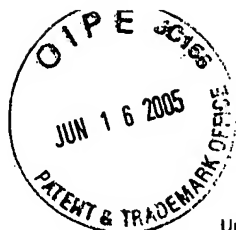
☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Semibase, Inc.				
Address	41 Grand View St., #907				
City	Santa Cruz	State	CA	Zip	95060
Country	USA				
Telephone				Email	fkhaleque@yahoo.com
Signature					
Name	Bradley J. Berezniak			Registration No.	33,474
Date	June 13, 2005			Telephone No.	650-903-2264

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